Four Seasons Health Care (England) Limited

Balmoral Care Home

Inspection report

6 Beighton Road
Woodhouse
Sheffield
South Yorkshire
S13 7PR

Tel: 01142540635
Website: www.fshc.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 July 2016 and was unannounced. This meant prior to the inspection people were not aware we were inspecting the service on that day.

Balmoral is a purpose built home, which provides nursing and personal care to older people. Balmoral is a large home (85 places) and accommodation is provided over two floors. There is a separate unit on the first floor where people living with dementia are provided with residential care. On the day of our inspection there were 75 people living in the home.

There was a manager at the service who had applied to be registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection at Balmoral took place on 14 July 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

People felt safe living in the home and said they had no concerns about their safety.

Staffing numbers were reviewed and assessed to make sure sufficient numbers of staff were available to provide quality care and support to people.

Medicines were managed safely. Staff were trained in medicines administration and had their competency checked annually which helped to prevent mistakes being made.

Staff were required to complete an induction and programme of learning so they had the knowledge and skills required to carry out their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lacked capacity to make important decisions themselves.

Healthcare professionals were actively involved and included in making best interest decisions for people who used the service.

People who used the service and their relatives spoke highly of the staff. They told us staff were kind and caring and treated them with dignity.

A programme of activities and outings was available to people. People could choose if they wanted to be

involved in activities. If people didn't want to be involved then staff respected this.

The mealtime experience was pleasant. People were seen being offered choice and being supported to eat their meal in a dignified way. Food, snacks and drinks were readily available throughout the day and night.

There were systems in place to assess and monitor the quality of service provided and to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service and their relatives raised no concerns about their safety.

Staffing numbers had recently increased to ensure people received safe care.

Medicines were managed by staff who had received training in how to administer medicines safely.

Is the service effective?

Good

The service was effective.

People who used the service said staff were knowledgeable about their needs. Staff were provided with regular training and were supported to complete qualifications.

Staff were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People said the meals provided were good and they could choose from a number of different options.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives spoke positively about the staff and the care they provided.

If they wished people could talk to staff and make arrangements for their end of life care.

Is the service responsive?

Good

The service was responsive.

People received person centred care that met their needs.

Activities and social outings were provided for people which enhanced their well being.

People were able to talk to staff and raise any concerns they may have.

Is the service well-led?

Good

The service was well led.

There were systems in place to check the quality of the service and make improvements.

Meetings were held where people who used the service, relatives and staff were able to give their opinions and be listened to.

Balmoral Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 July 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information sent to us, for example, notifications from the service and the local authority contract monitoring report.

In order to understand what peoples experience was of living in the home we carried out two Short Observational Framework for Inspection (SOFI's) in different areas of the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us. During the visit we spoke with nine people who used the service, four relatives, the home manager, the regional manager, a unit manager, two nurses, five care workers and the cook. We also looked at four care plans, three staff files and records associated with the monitoring of the service.

Prior to the inspection we contacted people who had an interest in the service. We received feedback from Sheffield local authority safeguarding team and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist with our inspection.

Good

Is the service safe?

Our findings

All but one of the people we spoke with on the day of the inspection told us they or their relative were happy living at Balmoral Care Home. Their comments included, "I like living here," "It's comfortable, clean and good decorations," "I feel safe, I've never felt unsafe," "I definitely feel safe here. Someone might wander into your room and borrow a comb or something but I just laugh it off," "There are no wanderers so I feel very safe," "It's nice and clean and I'm cared for," "They [staff] are very quick to answer the buzzer, in no time at all," "I have a sensor mat so when I get up they [staff] come and make sure I haven't fallen" and "There is a good response to the buzzer, I have no complaints." One person told us, "It's absolute rubbish, I can't get anything done." When we tried to speak to this person about why they thought this we were unable to establish what their concerns were.

Staff spoken with had completed training in safeguarding people from abuse. They were aware of their responsibilities in reporting any concerns they had to the manager and told us the process in place to refer any concerns to the local authority safeguarding team.

Prior to the inspection we had received whistle blowing information from two people who were concerned about staffing levels at the home. Whistleblowing is one way in which a person can report concerns, by telling someone they trust. We asked the home manager to investigate these concerns and feedback to us. The home manager told us there had been some instances where staff numbers had fallen due to emergencies, for example when a care worker escorted a person to hospital. The home manager confirmed to us that they had reviewed staffing levels throughout the home. Staffing had been increased to ensure they were maintained above the minimum numbers required, taking into consideration people's dependency level and the number of people living in the home.

People and relatives spoken with on the day of the inspection said, "Sometimes the staff are stretched, especially at breakfast," "There are enough staff," "They need more staff so they can keep promises like getting me up at 8.30 not 9.00," "There are usually enough staff and it is easy to talk to them" and "The staffing has got much better in the last few months." One relative was concerned about the use of agency staff at the weekends, which they said caused, "A drop in the quality of care and the speed of staff response."

Our observations were that there were sufficient staff for care and support to be provided when required. We saw call alarms were answered promptly and when people asked for assistance this was provided in a timely manner. We checked the number of hours covered by agency staff and found this had been minimal over the last three weeks.

One person told us, "I always get my meds at the right time." One relative said, "[Family member] is well looked after, given her pills at the right time and they [staff] make sure she takes them instead of throwing them away."

Nurses and senior staff were responsible for the management of medicines at the home. Staff told us they

had completed training in medicines administration and had their competency checked at least once each year.

We checked the Medication Administration Records (MAR) and found they were signed by staff at the time of administration. We saw medicine trolleys were kept safely locked away in treatment rooms.

We observed a member of staff giving medicines to people. The staff member wore a tabard which informed people that they should not be disturbed whilst administering medicines. This helped to prevent mistakes being made during administration. People's medicines were taken to them in a medicine pot. Staff handed people their medicine without touching it and offered them a drink. When staff needed to handle a person's medicine they wore protective gloves. We saw staff sitting with people, encouraging them to take their medicines and explaining to them the benefits of taking their medicine.

The PIR provided to us prior to the inspection stated, "Weekly audits are completed on each unit by the Home Manager and Deputy Manager to ensure that staff are adhering to best practice and guidelines. Medication is reviewed by the service user's named nurse / keyworker each month as part of the care plan review process. In addition, medication is reviewed by the GP every six months to ensure that medications administered remain safe and effective. The service user, relative/next of kin and named nurse or keyworker are involved in the medication review process. We saw evidence of this on the day of the inspection.

The provider had a recruitment policy and procedure which helped to ensure staff employed at the service were of good character. The staff personnel files seen showed that checks had been carried out prior to people being offered a job at the home. Staff files included proof of the person's identity, a minimum of two references, one of which was from their last employer and a health questionnaire. All staff members had also completed a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

The provider had a system in place for the safe keeping of people's monies. Most people who used the service had an amount of money kept at the home which they could access if they wished. We saw there was an electronic account sheet for each person which recorded the details of any transactions made by people or by the staff on their behalf. The administrator told us all financial records were checked on line by the provider's auditor each month and once each year the auditor went to the home to carry out a full audit of people's finances.

The provider employed a health and safety officer who made regular checks of the building to make sure the premises were safe and emergency plans were in place in the event of such things as a fire. We saw the homes fire risk assessment which had been completed in April 2014. Any actions identified had been allocated to a named person who was responsible for making sure the action was completed. The fire risk assessment showed all actions had been completed by June 2015. Following on from this the regional manager said the health and safety officer visited the home each year to check that all fire fighting systems and equipment were in full working order.

People spoken with said the home was kept clean and the décor was at least adequate. Their comments included, "It's comfortable and clean with good decoration" and "Overall I am content with the home." Relatives said, "The decoration could do with smartening up and the bathrooms need attention," "The decoration is adequate, a bit run down in places" and "The garden needs seeing to it's a disgrace." We saw the provider had a plan in place to make improvements to the home which included work on the gardens and bathrooms.

Good

Is the service effective?

Our findings

When we asked people who used the service about the skill and knowledge of the staff they all responded positively. Comments included, "Staff are there if needed, I get the best treatment. They saved my life when I got ill," "They [staff] are up to date with things" and "The regular staff are well trained." One relative said, "When the manager goes home on a Friday the quality goes down, there's no one to keep an eye on them."

The provider had a programme for staff training. Prior to starting work at the home staff attended an induction. All members of staff were required to complete training in mandatory subjects which included, moving and handling, food hygiene, fire safety, dementia and health and safety. Each year staff had to complete an update in each subject. The majority of staff training was completed via e-learning with the exception of moving and handling. Some staff were also completing additional training to gain NVQ qualifications. The home manager was able to see a report which showed the percentage number of staff who had completed training and which staff needed to complete or update their training. We saw this report and found staff compliance for completing training was on average 98%.

The provider had a policy for the supervision and appraisal of staff. Supervision is a planned and recorded session between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, well-being and raise any concerns they may have. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. The policy stated that supervisions would be provided six times per year and an appraisal once a year. The policy also stated that up to three supervisions could be 'group' supervision rather than one to one. The home manager had a supervision matrix which showed since she had started working at the home in April 2016 she had supervised each member of staff at least once. The matrix also showed the plan in place to ensure staff would be provided with supervisions and appraisals as per the provider's policy. Staff told us they had received supervision and described them as, "Helpful" "Informative" and "Time to off load any problems."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care plans seen showed that where appropriate capacity assessments had been completed and DoLS authorisations had been applied for. We also saw evidence that best interest meetings had been organised so that specific issues relating to individuals could be discussed and actions agreed. Best interest meetings had involved all interested parties, for example, the person's relative, the GP and staff from the home.

Staff spoken with said they had received training in MCA and DoLs. The PIR stated that the manager planned to have a 'lead person' for MCA and DoLs on each unit. This 'lead person' would be provided with additional training so they could support staff with their understanding of the MCA and DoLS legislation.

People spoken with all said the food was usually good with plenty to eat and drink and that there was good variety and choices of food. Their comments included, "The foods good, there is enough for me, three courses and a choice of two different options every day," "The meals are good, excellent, plenty of choice and there are drinks and snacks" and "The meals are nice and wholesome, plenty of food, I don't want snacks."

We observed lunch being served in one dining room. We saw the choices of meals were displayed on a white board on the wall. The room was well decorated and had a door to the outside open to keep it cool on a very hot day. People were all seated at dining tables. The tables had tablecloths, place settings and flowers and there was a radio playing in the background.

There were four staff available for thirteen diners. This was adequate as all but one person was able to eat independently. One person was assisted to eat by a member of staff. The staff member was patient and caring, speaking to the person and encouraging them to eat. There was very little conversation between the diners but staff were continually talking to people as individuals.

Staff wore plastic gloves and aprons over their uniform. People were asked what they would like to eat and were provided with a clothes protector or a lap cover. Staff were aware of people's likes and dislikes. We saw staff giving different sized portions and checking they had put the right amount of sugar in teas or coffees. When everyone had been served staff moved around the room giving encouragement to eat or eat more but not forcing and not rushing, everybody was allowed as much time as they wanted. We heard one person say, "That looks good. Yes it's nice today."

Good

Is the service caring?

Our findings

The interactions we saw between people who used the service, members of staff and visitors were all professional and at the same time friendly and caring. People were wearing clean and appropriate clothing. The general feeling was that Balmoral Care Home was a good, friendly and safe place to live. The majority of people spoken with had no issues with the staff or management and were happy with the daily running of the home. Their comments included, "Very friendly, kind and caring, they [staff] treat me properly," "As care homes go it's top of the list," "They [staff] are kind and caring on the whole" and "I have no problem with the carers." One person was unhappy with almost every aspect of the home and the care they were receiving, although they were slightly more positive about the care workers. The home managers were aware of this person's dislike of the home and were regularly meeting with the person to try to make their life at the home more positive.

Relatives told us, "The staff are kind and caring and I get on with them," "The staff they have got are good, lovely, the regular ones are brilliant," "Their [staff] attitude towards my relative is smashing," "It's like a happy family" and "The regular staff chat and interact well but the agency ones don't."

People felt that they were treated in an appropriate manner. They said, "They [staff] always ask before doing anything, my dignity is always respected," "They treat me properly and respect my dignity," "The staff are kind and respectful" and "If someone has an accident they are taken to their rooms and changed straight away."

People told us the staff chatted to them and they felt their opinions mattered. One person said, "They always ask how things are going."
The PIR stated, "People's choice for end of life (EOL) care is contained within their care plan and developed in collaboration with relatives and the GP. The preferred place of care is taken into consideration, along with any preferences for funeral arrangements. Balmoral Care Home has a good relationship with the local palliative care team who support the service user, their families and also the staff team in upholding dignity in end of life care. EOL care training has been delivered by both St Luke's Hospice and Sheffield Teaching Hospitals to ensure that all staff members have an understanding of dying with dignity."
One person told us, "I haven't really discussed it [end of life care] but I expect I will nearer the time. Relatives told us, "[Name] EOL care has been discussed, it's all written down" and "[Name] has a DNAR (Do Not Attempt Resuscitation) form in place but we haven't discussed EOL as it would upset them too much."
Two people at the home were receiving end of life care. We saw one person who was receiving care in bed. The person looked comfortable and clean. We observed staff going into the person's room at regular intervals and checking they were alright. When the person called out to be lifted higher up the bed staff responded quickly. We saw staff providing care to the person in an attentive and considerate way. The person's care plan showed that healthcare professionals had been consulted and agreed that an EOL care plan should be put in place. It also showed the GP had agreed to visit and review the person every two weeks.
We saw there was information placed around the home informing people about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person

who doesn't have any family members or friends that can act on the

Good

Is the service responsive?

Our findings

All but one person spoken with said the staff were responsive to their needs. One person said, "If you call they come straight away." At the same time people were encouraged to be as independent as they wanted. People said, "Anything you want to do they will try to help," "You can ask to do anything and there are no arguments, they will do their best to help" and "I decide what I want to do." One relative told us, "Staff responded well when [name] got a chest infection, [name] got care and support when most needed. The care and support was excellent when [name] came back from hospital."

People said they had easy access to other services and healthcare providers. Comments included, "If you want a dentist you just ask and they will get one," "The GP comes in every week" and "If you want to say something to the staff they will listen."

Each person had a care plan. Care plans seen provided detailed information about the needs of the person. We saw care plans were reviewed and updated when necessary. We saw a letter which had been sent out to people's next of kin inviting them to attend an annual review of their relative, which could be arranged at a mutually agreeable time. One relative told us, "I am involved in daily changes to my relatives care by talking to the care workers and I get involved in their care plan reviews."
The PIR stated, "Staff are involved in a project to identify the life stories of those service users currently living at Balmoral Care Home. This was in order to refocus the care delivery to become more person-centred, rather than task orientated. A copy of the life story for each service user is to be inside their bedroom and is contained within the new my choices care plan." The home manager told us this work had been started and would be completed for all people over the following two months.
There were three activity coordinators employed at the home. Collectively they worked 60 hours per week. People told us, "There are enough things organised for me," "I can choose which ones I want to be involved with," "There are activities but I don't want to do a jigsaw a two year old could do," "I go on some of the trips, quite a few, otherwise I don't want them" and "The activities are as good as they can be, we have trips and things."
The activities were delivered between 10.30 to 12.00 and 1.30 to 3.00. The activities were displayed on a weekly poster detailing what activities were provided each day. This timetable was not always strictly adhered to, for example on the day of the inspection the coordinator cancelled the craft session planned and replaced it with board games outside in the garden because of the hot temperature. People didn't appear to mind this and were seen enjoying playing games on the patio. We also observed a care worker painting a person's fingernails and singing along to old songs with them and two care workers playing a game of batting balloons with two people.
For three days of the week coordinators work together to do group exercise activities. They also provided one to one activities where the person was unable to leave their room. The activities included trips, craft sessions, pampering sessions, singing, fruity Friday (when staff showed people different fruits and they were encouraged to try them), board games and jigsaws. One day a week for the first three weeks in the month people could take communion and on the last of these sessions there was also hymn singing and a poetry reading by 'Churches Together'. This helped people to continue to follow their faith.

The provider had a complaints policy and procedure. People we spoke with had not raised any formal complaints and were happy that they could raise any issues they had with the staff immediately. People told us, "I say if something's wrong straight away," "I haven't made a complaint, I just talk to the staff," "I have never made a complaint but I know how to," "I don't know how to make a complaint because I have no need to know" and "I don't know how to make a complaint, I don't know the manager so I don't know who to ask for."

The service had no outstanding complaints. We saw there was a record of any complaints made to the service. We found any complaints received had been investigated and resolved.

Good

Is the service well-led?

Our findings

Most people were happy with the service and thought it was well led. People told us, "It's very well run, if you want something it would be there," "It's well run, they cope with things," "I would recommend this home, it's got good staff," "I would recommend people come and look before making up their own mind," "I would be comfortable with the idea of my friends and relatives living in this home" and "It's as good as it can be really."

The home manager had worked at the home since April 2016. They had applied to be registered manager and were waiting for checks to be completed. Relatives spoken with told us, "I have had no interaction with the new manager," "I haven't had a good natter with the new manager" and "On week days it's lovely and runs well because the gaffer is here."

Staff spoken with told us the home manager was making improvements to the service. They said, "Things are much better since the new manager started. She's sorting things out and managing people that need managing," "She is very supportive. She comes in early and checks things are right" and "I thought she was strict at first but now I'm getting used to her and think she's doing a good job."

We found staff meetings were held. The last full staff meeting was on 15 April 2016 and another one was planned for July 2016. Other meetings were also held which included heads of unit meetings and 'flash' meetings. A 'flash' meeting was when staff got together quickly to talk through and discuss a particular issue that had been identified and make decisions about what action staff needed to take.

All but two people we spoke with felt they could talk to the staff to raise issues, be listened to and that they could influence how the home was run. One person told us, "I can raise issues like not having a cruet set on the table, I've got one now".

Three people spoken with knew about the resident and relatives meetings held at the home. People said, "I only go to the meetings when I want to I am not a moaner," "I am told about the meetings but I don't want to go, I raise things straight away" and "There are resident meetings where you can go and speak up."

In the entrance hall there was an I-Pad. Every week a proportion of people who used the service, their relatives, staff and visiting professionals were asked to complete a survey giving their views of the home. Every three months the results of the surveys were analysed and displayed on a board in the entrance hall of the home. This showed the positive feedback and any areas of improvement required. When negative comments or issues were given the regional manager and the registered manager received an e-mail informing them of this so that they were able to contact the person and try to resolve their concern. Two relatives spoken with said they had been asked to complete a quality assurance questionnaire, one had done so but the other had chosen not to.

The provider and home manager had a system in place to monitor and audit the service. All areas of the service including care plans, environment, medication, dining experience, health and safety and information

governance were audited. Audits were completed weekly, monthly or quarterly using the on-line 'quality of life system'. We saw a selection of the audits completed which showed the service took action as a result of the outcome of audits in order to promote and sustain improvements to the service. For example the home manager had completed an audit of staff training and found some staff were out of date with their moving and handling refresher training. The manager provided evidence to confirm these staff had been booked onto this training course on dates over July and August 2016.

We saw Sheffield local authority commissioning department had carried out a full audit of the service in January 2016. All actions identified from this had been fully completed.

The home manager was supported by the regional manager who visited the home regularly and each month completed a report of their observations. The last report was completed on 13 July 2016 and showed there had been discussions about the refurbishment of the home, people's welfare and staff training.